

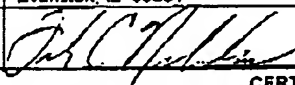
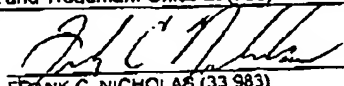
PTO/SB/21 (12-97): Approved for use through 9/30/00 OMB 0851-0031 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Attorney Docket No.	GP-304038 (2780/158)
	Application Number	10/784,589
	Filing Date	FEBRUARY 23, 2004
	First Named Inventor	UMA ARUN
	Group Art Unit	2644
	Examiner	PENDLETON, B

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response to Office Action Dated August 11, 2004 <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings. <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Raising Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 07-0960 (GENERAL MOTORS CORPORATION). A duplicate copy of this sheet is enclosed.		
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 07-0960. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

					Small Entity		or		Large Entity	
	Claims After Amendment		Highest No Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee	
Total	10	Minus	7	0	x \$9=	0		x \$18=		
Indep	1	Minus	0	0	x \$93=	0		x \$86=		
First Presentation of Multiple Dep. Claim					+ \$145=	---		+ \$290=		
					total add'l fee	\$ 0		total add'l fee	\$ 0	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201	
Signature		Date: SEPTEMBER 22, 2004
CERTIFICATE OF FACSIMILE		
I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office at (703) 872-9314 on this date.		
Signature		Date: SEPTEMBER 22, 2004

BEST AVAILABLE COPY